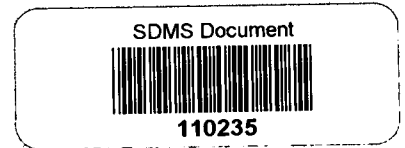




City of Clifton

FIRE PREVENTION BUREAU
900 CLIFTON AVENUE
CLIFTON, NEW JERSEY 07013

AHH 1.1003



DAVID A. MEISBERGER
FIRE OFFICIAL

(973) 470-5801
FAX (973) 470-5844

APPLICATION FOR REGISTRATION OF BUSINESS

(please make any corrections/additions in red pen)

The Uniform Fire Code states:

The owner of all businesses, occupancies, buildings, structures, or premises required to be inspected under Section 19A.12.1 shall apply annually to the Local Enforcing Agency for a Certificate of Registration upon forms provided by the Fire Official. It shall be a VIOLATION of this ORDINANCE for any owner to fail to return such forms to the Local Enforcing Agency and/or Fire Official within thirty (30) days of receipt. 19A13.2

this area office use only

Local ID#: 1-000223 State ID#: 1602-61433-001-01 Date Registered: _____

Business Name: Alfred Heller Heat Treating Co. - East Bldgs 1-4

Street Address: 362 Getty Ave

Clifton, NJ 07011 Phone #: 973-772-4200

Do you... OWN or LEASE the property (circle one)

Building Owner's Name: _____

Federal I.D. Number: _____ Phone #: _____

Street Address: _____

Business Owner's Name: _____

Federal I.D. Number: _____ Phone #: _____

Street Address: _____

Business Type: Individual _____ Partnership _____ Corporation XXX Other _____

Emergency Contacts:

#1: ~~George Molner~~ DOMINICK GUARNACCIA Phone #: 973-568-6468 973-773-1120 97:

#2: ~~Herbert Rocha~~ BOB HODGSON Phone #: 1973-546-5190 476-6576

#3: ~~Bogdan Marinescu~~ DONALD BIASI Phone #: 1973-728-0745

973-618-1008

Please indicate with an arrow where all mail, actions, orders, or notices are to be sent.

AHH 1.1004

(page 2)

this area office use only
*****Local ID#: 1-000223 State ID#: 1602-61433-001-01 Date Registered: _____

Alarm/Suppression System Information:

Describe System: _____

Monitoring Co. Name: _____

Phone #: _____

Description of use/occupancy of this building/business:

Factory F-1 over 24K but under 50K square feetBH04

I HEREBY ACKNOWLEDGE THAT I HAVE READ THIS APPLICATION, THAT THE INFORMATION GIVEN IS CORRECT, THAT I AM THE OWNER OR DULY AUTHORIZED TO ACT IN THE OWNER'S BEHALF, AND AS SUCH HEREBY AGREE TO COMPLY WITH THE APPLICABLE REQUIREMENTS OF THE UNIFORM FIRE SAFETY CODE AS WELL AS ANY SPECIFIC CONDITIONS IMPOSED BY THE FIRE OFFICIAL.

DONALD BIASE
Print Name
BANKRUPTCY TRUSTEE
Title

Donald V. Biase
Signature

4/24/09
Date